

## **INSTRUCTIONS FOR THE SUPPLEMENTAL COS PROGRAMMING ACTION REQUEST**

The purpose of the Department of Transportation's (Department) Supplemental COS Programming Action Request form (FORM) is to standardize and streamline the supplemental funds request process for PA&ED, PS&E, and Right-of-way Support activities. The FORM will be comprised of a single page, divided into five sections, with supporting documentation to be attached as noted.

### **When is a COS Supplemental Allocation Request Form needed?**

The FORM is required for all State Transportation Improvement Program (STIP) and State Highway Operation and Protection Program (SHOPP) projects on the state highway system for PA&ED, PS&E and Right of Way Support activities when the budget has exceeded the programmed amount plus approved G-12 increases (if any).

### **The FORM must be accompanied by an approved PCR**

## **SECTION 1 – Supplemental COS Programming Action Request General Information**

### **Requested CTC Month/Requested CTC Meeting Year**

This is the month of the California Transportation Commission (CTC) meeting at which the allocation is being requested. Review the [CTC Preparation Calendar](#) to determine the appropriate CTC meeting date. The submittal deadline must be met in order for the request to be considered at the requested meeting date.

### **Request Type**

Designates the component requested. Select one of the following:

- **PA&ED**
- **PS&E**
- **Right-of-way Support**

## **SECTION 2 – Project Identification & Location/Description**

### **District**

The Department's Districts. Acceptable values are 1 – 12.

### **County**

County where project is located. Use "Various" when a project crosses two or more counties.

### **Route**

State highway or interstate route number. Use primary route number when project affects two or more routes.

**Post Miles**

State highway route post miles.

**Project ID**

This is the 10-digit Project ID established upon implementation of E-FIS. Project ID must be established for projects that did not exist at the time of E-FIS implementation.

**Phase**

This is the Phase established upon implementation of E-FIS. Phase must be established for projects that did not exist at the time of E-FIS implementation.

**EA**

The Department's Expenditure Authorization (EA) number. Leave blank if not a State Highway System project.

**PPNO**

Project Planning (PPNO) number. STIP or SHOPP projects must have a PPNO. This number can be found in CTIPS.

**Project Location/Description**

This is the project location and scope of work as it is currently programmed in CTIPS. The description entered here should be the same as found in CTIPS. Even if the scope is changed, please refer to the scope as is currently programmed.

**SECTION 3 – Project Financial Request and Data**

**Programmed Amount**– The programmed amount is the amount of funding currently programmed (STIP, SHOPP) on the project by the CTC. The programmed amounts for STIP or SHOPP funds can be found in CTIPS.

**Current Budget** – The programmed amount of the component plus the approved G-12 increases (if any).

**Requested** – The amount requested.

**Expended to Date** –Current project expenditures.

## **SECTION 4 – Reason for Cost Increase**

The purpose of this section is to capture information regarding the current disposition of the request in greater detail. While some of this information is captured at time of programming, or in the PCR, some of it is not. This information is important for discussion of the merits of the request with the CTC when proceeding toward supplemental allocation. The FORM is not considered a complete submittal without all necessary supporting documentation included.

1. Provide the assumption made and the changes that have caused the cost to increase. Explain why the original assumption was considered reasonable at the time.
2. Explain why the supplemental COS amount represents a value for taxpayers.

## **SECTION 5 – Approval Signatures**

### **Project Manager**

This is the person responsible for the day-to-day management and delivery of the project. Print name and sign as instructed.

### **Single Focal Point**

Enter the signature of the District Single Focal Point (SFP).

### **Additional Information**

Please refer to Project Changes Handbook for additional information.

### **FORM Transmittal Instructions**

Email a scanned copy of the signed FORM and all applicable supporting documentation to:

**[ctc.supplemental.fr@dot.ca.gov](mailto:ctc.supplemental.fr@dot.ca.gov)**  
**[SHOPP\\_Amendment\\_Request@dot.ca.gov](mailto:SHOPP_Amendment_Request@dot.ca.gov)**